

(Use Appropriate Letterhead)

Date: _____

MEMORANDUM FOR _____/CC (WING COMMANDER or EQUIVALENT)

FROM: Requester's Rank and Name
Organization/Office Symbol
Unit mailing address

SUBJECT: Fitness Assessment(s) Appeal

1. **Requested Action.** Specifically identify what action you request to be taken. For example, "Request Fitness Assessment, dated 25 Oct 12, be removed from AFFMS."
2. **Basis for Request.** Clearly state what you believe to be the injustice or error for which your request is based. This will include all background supporting the case and should include documents or other evidence to substantiate the request. For example, "My Fitness Assessment was invalid due to a pre-existing medical condition which has been previously addressed by my Primary Care Manager. See attached medical documentation."
3. **References.** Where applicable, identify the reference(s) on which the request is based. As a minimum, this should include the AFI 36-2905, paragraph, table or figure number and quote the reference in the memorandum. For example, "IAW AFI 36-2905, paragraph 2.6.3.1., FAC or trained designee will take the AC measurement in a private room or in a partitioned area."
4. **Contact Information.** In addition to your own contact duty phone and/or email, include contact duty phone and email of your FAC. For example, "I may be contacted at DSN 555-XXXX or email john.doe@us.af.mil. For questions and/or notification purposes, my FAC can be reached DSN 555-0X0X or email fac.org@us.af.mil."

Signature of Requestor,
Requester's Signature Block

Attachments:

1. Fitness Screening Questionnaire
2. Completed Score Sheet
3. Other Supporting Documents

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1st Ind, (Unit/Office Symbol of Wing Commander)

MEMORANDUM FOR (Requester)

I approve / disapprove the enclosed fitness appeals request. My determination is based on the following:

FIRST MI. LAST NAME, RANK, USAF
Commander

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